Case 09-28051 Doc 1 Filed 07/31/09 Entered 07/31/09 14:29:00 Desc Main <u>B1 (Official Form 1) (1/08) Document Page 1 of 47</u>

|   |  | nkruptcy<br>crict of Illin  |  |  |   |   |   | untary Petition      |
|---|--|---|--|--|---|---|---|----------------------|
| Name of Debtor (if individual, enter Last, First, Mi Gandara, Feliciano   | iddle):  |   | Name of Joint Debtor (Spouse) (Last, First, Middle):  Gandara, Olga Rita                                   |  |   |   |   |                      |
| All Other Names used by the Debtor in the last 8 ye (include married, maiden, and trade names):  Feliciano V. Gandara   | rears  |   |  | All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):             |   |   |   | years                |
| Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): <b>4550</b> Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (EIN (if more than one, state all): <b>5030</b>  |  |   |  |  | D. (ITIN) No./Complete                  |   |   |                      |
| Street Address of Debtor (No. & Street, City, State & Zip Code): 13742 S. Jane Circle Plainfield, IL  |  |   |  | Street Address of Joint Debtor (No. & Street, City, State & Zip Code):  13742 S. Jane Circle                         |   |   |   |                      |
| Plaimieid, IL   | ZIPCOD   | E <b>60544</b>  | Piaini   | Plainfield, IL   |   |   |   | ZIPCODE <b>60544</b> |
| County of Residence or of the Principal Place of B  | usiness:   |   | County Will  | County of Residence or of the Principal Place of Business:   |   |   |   | ess:                 |
| Mailing Address of Debtor (if different from street   | t address)   |   | Mailing  | Address of   | Joint Deb                               | otor (if differen   | t from stre   | et address):         |
|   | ZIPCOD   | E   |  |  |   |   |   | ZIPCODE              |
| Location of Principal Assets of Business Debtor (if   | f different fro                                      | om street address   | above):  |  |   |   |   |                      |
|   |  |   |  |  |   |   | 2   | ZIPCODE              |
| Type of Debtor (Form of Organization) (Check one box.)  ✓ Individual (includes Joint Debtors) See Exhibit D on page 2 of this form.  ☐ Corporation (includes LLC and LLP) ☐ Partnership ☐ Other (If debtor is not one of the above entities, check this box and state type of entity below.)  Filing Fee (Check one below attach signed application for the court's consider is unable to pay fee except in installments. Rule 3A.  ☐ Filing Fee waiver requested (Applicable to chapt attach signed application for the court's consider is unable to pay fee except in installments. Rule 3A. | Sin, U.S   Rai   Sto   Sto   Cle   Oth   Titl   Inte | (Check of alth Care Busines gle Asset Real Est. C. § 101(51B) lroad ckbroker mmodity Broker aring Bank her   Tax-Exer (Check box, btor is a tax-exen to 26 of the Unite trnal Revenue Coulds only). Must ring that the debte to Official Form the units only). Must ring that only). Must ring that only). Must | npt Entity if applicable.) ppt organization of States Code de).  Check o Debto Debto affilia Check a A pla | on under (the  ne box: or is a small or is not a si : or's aggregates are less Il applicab n is being f otances of t | Cha | the Petition upter 7 upter 9 upter 11 upter 12 upter 13  outs are primaril us, defined in 1 ul (8) as "incurr vidual primaril onal, family, o purpose."  Chapter 11 I debtor as definess debtor as definess debtor as definess debtor as definess debtor as outingent liquida 90,000. | n is Filed (  Chap Recc Main Chap Recc Non:  Nature of (Check one y consume: 1 U.S.C. red by an y for a r house-  Debtors  med in 11 U. defined in 1  tted debts of | box.)                |
|   |  |   |  |  | THIS SPACE IS FOR<br>COURT USE ONLY     |   |   |                      |
| 5,  | ]<br>,000-<br>,000                                   | 5,001-  | 10,001-<br>25,000  | 25,001-<br>50,000  | -                                       | 50,001-<br>100,000  | Over 100,000  |                      |
|   | _  | \$10,000,001  | \$50,000,001<br>\$100 million  |  | 00,001                                  | \$500,000,001 to \$1 billion  | More than   |                      |
| Estimated Liabilities   | ]<br>1,000,001 to<br>10 million                      | \$10,000,001  | \$50,000,001 \$100 million   |  | 00,001                                  | \$500,000,001 to \$1 billion  | More than \$1 billion   |                      |

| Prior Bankruptcy Case Filed Within Last 8  | <b>3 Years</b> (If more than two, att  | ach additional sheet)   |
|--|--|---|
| Location<br>Where Filed: <b>None</b>   | Case Number:   | Date Filed:   |
| Location Where Filed:  | Case Number:   | Date Filed:   |
| Pending Bankruptcy Case Filed by any Spouse, Partner or  | Affiliate of this Debtor (If   | f more than one, attach additional sheet)   |
| Name of Debtor: None   | Case Number:   | Date Filed:   |
| District:  | Relationship:  | Judge:  |
| Exhibit A  (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)  Exhibit A is attached and made a part of this petition. | whose debts at I, the attorney for the petition that I have informed the pet chapter 7, 11, 12, or 13 of explained the relief available. | Exhibit B  eted if debtor is an individual re primarily consumer debts.)  ner named in the foregoing petition, declare itioner that [he or she] may proceed under of title 11, United States Code, and have e under each such chapter. I further certify for the notice required by § 342(b) of the |
|  | X /s/ James E. Sturino Signature of Attorney for Debto   |   |
| <ul> <li>✓ No</li> <li>Exhi</li> <li>(To be completed by every individual debtor. If a joint petition is filed, e</li> <li>✓ Exhibit D completed and signed by the debtor is attached and ma</li> <li>If this is a joint petition:</li> <li>✓ Exhibit D also completed and signed by the joint debtor is attached</li> </ul> | de a part of this petition.  |   |
| Information Regardin   | ng the Debtor - Venue  |   |
| Debtor has been domiciled or has had a residence, principal place preceding the date of this petition or for a longer part of such 180   |  |   |
| ☐ There is a bankruptcy case concerning debtor's affiliate, general  |  |   |
| Debtor is a debtor in a foreign proceeding and has its principal pl<br>or has no principal place of business or assets in the United States<br>in this District, or the interests of the parties will be served in reg   | but is a defendant in an action o  | or proceeding [in a federal or state court]   |
| Certification by a Debtor Who Reside (Check all app  Landlord has a judgment against the debtor for possession of debtor   | olicable boxes.)   |   |
| (Name of landlord or less  | or that obtained judgment)   |   |
| (Address of lar  | adlord or lessor)  |   |
| ☐ Debtor claims that under applicable nonbankruptcy law, there are   | e circumstances under which th   | ne debtor would be permitted to cure  |

the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and

Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the

Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

Case 09-28051 B1 (Official Form 1) (1/08)

filing of the petition.

(This page must be completed and filed in every case)

**Voluntary Petition** 

Doc 1

Filed 07/31/09

Document

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Gandara, Feliciano & Gandara, Olga Rita

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Name of Debtor(s):

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Page 2

## **Voluntary Petition**

(This page must be completed and filed in every case)

Name of Debtor(s):

Gandara, Feliciano & Gandara, Olga Rita

## **Signatures**

#### Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United State Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Feliciano Gandara

Signature of Debtor

Feliciano Gandara

X /s/ Olga Rita Gandara

Signature of Joint Debtor

Olga Rita Gandara

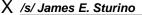
(815) 886-4293

Telephone Number (If not represented by attorney)

July 31, 2009

Date

#### Signature of Attorney\*



Signature of Attorney for Debtor(s)

James E. Sturino 01681439 Nordin & Sturino, P.C. 1555 NapervilleWheaton Road Suite 207 Naperville, IL 60563

#### July 31, 2009

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

#### Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

| Signature of Authorized Individual    |  |
|---------------------------------------|--|
| Printed Name of Authorized Individual |  |
| Title of Authorized Individual        |  |

#### Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only **one** box.)

- ☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.
- ☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

| ignature o | f Foreign Repres | sentative     |  |
|------------|------------------|---------------|--|
|            |                  |               |  |
| rinted Nar | ne of Foreign Re | epresentative |  |

#### Signature of Non-Attorney Petition Preparer

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

| Address |
|---------|
|---------|

Date

| X |  |
|---|--|
|   | Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, partner whose social security number is provided above. |

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

B6 Summary (Case 09-28051/07) Doc 1

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Document Page 4 of 47 United States Bankruptcy Court

**Northern District of Illinois** 

| IN RE:                                  | Case No   |
|---|-----------|
| Gandara, Feliciano & Gandara, Olga Rita | Chapter 7 |
| Debtor(s)                               | •         |

## SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE   | ATTACHED<br>(YES/NO) | NUMBER OF<br>SHEETS | ASSETS        | LIABILITIES   | OTHER       |
|--|----------------------|---------------------|---------------|---------------|-------------|
| A - Real Property  | Yes                  | 1                   | \$ 180,000.00 |               |             |
| B - Personal Property  | Yes                  | 3                   | \$ 22,886.28  |               |             |
| C - Property Claimed as Exempt   | Yes                  | 1                   |               |               |             |
| D - Creditors Holding Secured Claims   | Yes                  | 1                   |               | \$ 239,189.21 |             |
| E - Creditors Holding Unsecured Priority<br>Claims (Total of Claims on Schedule E) | Yes                  | 1                   |               | \$ 0.00       |             |
| F - Creditors Holding Unsecured<br>Nonpriority Claims                              | Yes                  | 6                   |               | \$ 50,123.10  |             |
| G - Executory Contracts and Unexpired<br>Leases                                    | Yes                  | 1                   |               |               |             |
| H - Codebtors  | Yes                  | 1                   |               |               |             |
| I - Current Income of Individual Debtor(s)   | Yes                  | 1                   |               |               | \$ 5,350.10 |
| J - Current Expenditures of Individual Debtor(s)                                   | Yes                  | 1                   |               |               | \$ 5,314.00 |
|  | TOTAL                | 17                  | \$ 202,886.28 | \$ 289,312.31 |             |

Form 6 - Statistical Summary (12/07)1 Doc 1

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## Document Page 5 of 47 United States Bankruptcy Court **Northern District of Illinois**

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| IN RE:                                  | Case No.  |
|---|-----------|
| Gandara, Feliciano & Gandara, Olga Rita | Chapter 7 |
| Debtor(s)                               | •         |

#### STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability   | Amount     |
|---|------------|
| Domestic Support Obligations (from Schedule E)  | \$<br>0.00 |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)  | \$<br>0.00 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | \$<br>0.00 |
| Student Loan Obligations (from Schedule F)  | \$<br>0.00 |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E                   | \$<br>0.00 |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)                           | \$<br>0.00 |
| TOTAL   | \$<br>0.00 |

#### State the following:

| Average Income (from Schedule I, Line 16)   | \$<br>5,350.10 |
|---|----------------|
| Average Expenses (from Schedule J, Line 18)   | \$<br>5,314.00 |
| Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C |                |
| Line 20)  | \$<br>7,166.88 |

#### **State the following:**

| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column               |         | \$<br>46,369.21 |
|--|---------|-----------------|
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.            | \$ 0.00 |                 |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column |         | \$<br>0.00      |
| 4. Total from Schedule F   |         | \$<br>50,123.10 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)               |         | \$<br>96,492.31 |

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IN RE Gandara, Feliciano & Gandara, Olga Rita Debtor(s)

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(If known)

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#### **SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| DESCRIPTION AND LOCATION OF PROPERTY       | NATURE OF DEBTOR'S<br>INTEREST IN PROPERTY | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR<br>EXEMPTION | AMOUNT OF SECURED<br>CLAIM |
|--|--|---------------------------------------|--|----------------------------|
| 13742 S. Jane Circle Plainfield II 60544   | Fee Simple                                 |                                       | 180 000 00   | 225 783 21                 |
| 13742 S. Jane Circle, Plainfield, IL 60544 | Fee Simple                                 | J                                     | 180,000.00   | 225,783.21                 |
|  |  |                                       |  |                            |

TOTAL

180,000.00

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(If known)

IN RE Gandara, Feliciano & Gandara, Olga Rita

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#### **SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

|     | TYPE OF PROPERTY  | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION OF PROPERTY   | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR<br>EXEMPTION |
|-----|---|------------------|--|---------------------------------------|--|
| 1.  | Cash on hand.   | Х                |  |                                       |  |
| 2.  | Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.                      |                  | Harris Bank checking account  Nation City Bank checking account                              | J                                     | 1.28<br>100.00   |
| 3.  | Security deposits with public utilities, telephone companies, landlords, and others.  | Х                |  |                                       |  |
| 4.  | Household goods and furnishings, include audio, video, and computer   |                  | Household goods and furnishings  | J                                     | 3,500.00   |
|     | equipment.  |                  | Television, couch, dining room set, bedroom set, washer, dryer and refrigerator, lawn mower. | J                                     | 3,500.00   |
| 5.  | Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.  | X                |  |                                       |  |
| 6.  | Wearing apparel.  |                  | Debtor's necessary wearing apparel   | Н                                     | 125.00   |
|     |   |                  | Spouse's necessary wearing apparel   | W                                     | 200.00   |
| 7.  | Furs and jewelry.   |                  | Wedding ring   | J                                     | 150.00   |
| 8.  | Firearms and sports, photographic, and other hobby equipment.   | X                |  |                                       |  |
| 9.  | Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.  | X                |  |                                       |  |
| 10. | Annuities. Itemize and name each issue.   | X                |  |                                       |  |
| 11. | Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X                |  |                                       |  |
| 12. | Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.   | X                |  |                                       |  |
| 13. | Stock and interests in incorporated and unincorporated businesses. Itemize.   | X                |  |                                       |  |
|     |   |                  |  |                                       |  |

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Document
IN RE Gandara, Feliciano & Gandara, Olga Rita

Debtor(s)

\_ Case No. \_

## SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

|     | TYPE OF PROPERTY  | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION OF PROPERTY  | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR<br>EXEMPTION |
|-----|---|------------------|---------------------------------------|---------------------------------------|--|
| 14. | Interests in partnerships or joint ventures. Itemize.   | Х                |                                       |                                       |  |
| 15. | Government and corporate bonds and other negotiable and non-negotiable instruments.   | Х                |                                       |                                       |  |
| 16. | Accounts receivable.  | X                |                                       |                                       |  |
| 17. | Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.  | X                |                                       |                                       |  |
| 18. | Other liquidated debts owed to debtor including tax refunds. Give particulars.  | X                |                                       |                                       |  |
| 19. | Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.   | X                |                                       |                                       |  |
| 20. | Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  | Х                |                                       |                                       |  |
| 21. | Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.  | X                |                                       |                                       |  |
|     | Patents, copyrights, and other intellectual property. Give particulars.   | X                |                                       |                                       |  |
|     | Licenses, franchises, and other general intangibles. Give particulars.  | X                |                                       |                                       |  |
| 24. | Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X                |                                       |                                       |  |
| 25. | Automobiles, trucks, trailers, and other vehicles and accessories.  |                  | 2002 Saturn View 2003 Ford Expedition | Н                                     | 5,490.00<br>9,820.00   |
| 26. | Boats, motors, and accessories.   | X                |                                       |                                       |  |
|     | Aircraft and accessories.   | X                |                                       |                                       |  |
| 28. | Office equipment, furnishings, and supplies.  | X                |                                       |                                       |  |
| 29. | Machinery, fixtures, equipment, and supplies used in business.  | X                |                                       |                                       |  |
| 30. | Inventory.  | X                |                                       |                                       |  |
|     |   |                  |                                       |                                       |  |

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Desc Main

(If known)

Debtor(s)

Case No.

## SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

| TYPE OF PROPERTY  | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR<br>EXEMPTION |
|---|------------------|--------------------------------------|---------------------------------------|--|
| <ul> <li>31. Animals.</li> <li>32. Crops - growing or harvested. Give particulars.</li> <li>33. Farming equipment and implements.</li> <li>34. Farm supplies, chemicals, and feed.</li> <li>35. Other personal property of any kind not already listed. Itemize.</li> </ul> | X X X X          |                                      |                                       |  |
|   |                  | TO                                   | FAL                                   | 22,886.28  |

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(If known)

IN RE Gandara, Feliciano & Gandara, Olga Rita

Rita

Debtor(s)

Case No. \_

## SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under: (Check one box)

☐ Check if debtor claims a homestead exemption that exceeds \$136,875.

11 U.S.C. § 522(b)(2) 11 U.S.C. § 522(b)(3)

| DESCRIPTION OF PROPERTY  | SPECIFY LAW PROVIDING EACH EXEMPTION             | VALUE OF CLAIMED     | CURRENT VALUE OF PROPERTY       |
|--|--|----------------------|---------------------------------|
|  |  | EXEMPTION            | WITHOUT DEDUCTING<br>EXEMPTIONS |
| SCHEDULE A - REAL PROPERTY   | 725 11 00 5 842 004                              | 20,000,00            | 400 000 00                      |
| 13742 S. Jane Circle, Plainfield, IL 60544<br>SCHEDULE B - PERSONAL PROPERTY                 | 735 ILCS 5 §12-901                               | 30,000.00            | 180,000.00                      |
| Harris Bank checking account   | 735 ILCS 5 §12-1001(b)                           | 1.28                 | 1.28                            |
| Nation City Bank checking account  | 735 ILCS 5 §12-1001(b)                           | 100.00               | 100.00                          |
| Household goods and furnishings  | 735 ILCS 5 §12-1001(b)                           | 3,500.00             | 3,500.00                        |
| Television, couch, dining room set, bedroom set, washer, dryer and refrigerator, lawn mower. | 735 ILCS 5 §12-1001(b)                           | 1,248.72             | 3,500.00                        |
| Debtor's necessary wearing apparel   | 735 ILCS 5 §12-1001(a)                           | 125.00               | 125.00                          |
| Spouse's necessary wearing apparel   | 735 ILCS 5 §12-1001(a)                           | 200.00               | 200.00                          |
| Wedding ring   | 735 ILCS 5 §12-1001(b)                           | 150.00               | 150.00                          |
| 2002 Saturn View   | 735 ILCS 5 §12-1001(c)<br>735 ILCS 5 §12-1001(b) | 2,400.00<br>3,000.00 | 5,490.00                        |
| 2003 Ford Expedition   | 735 ILCS 5 §12-1001(c)                           | 2,400.00             | 9,820.00                        |
|  |  |                      |                                 |

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(If known)

IN RE Gandara, Feliciano & Gandara, Olga Rita Debtor(s) Case No.

#### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS<br>INCLUDING ZIP CODE AND ACCOUNT NUMBER.<br>(See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED,<br>NATURE OF LIEN, AND DESCRIPTION AND VALUE OF<br>PROPERTY SUBJECT TO LIEN | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF ANY |
|--|----------|---------------------------------------|--|------------|--------------|----------|---|------------------------------|
| ACCOUNT NO. 1044773839   |          | J                                     | Second Mortgage  | T          | T            |          | 45,605.79   | 42,783.21                    |
| First Franklin Loan Services<br>P.O. Box 1838<br>Pittsburgh, PA 15230                                      |          |                                       | Two story three bedroom house  |            |              |          |   |                              |
|  |          |                                       | VALUE \$ 183,000.00  |            |              |          |   |                              |
| ACCOUNT NO. 0027085515600001   |          | J                                     | 8/25/07  |            |              |          | 13,406.00   | 3,586.00                     |
| Hinsdale Bank & Trust Co.<br>25 E. First St.<br>Hinsdale, IL 60521   |          |                                       | 2003 Ford Expedition   |            |              |          |   |                              |
|  |          |                                       | VALUE \$ 9,820.00  |            |              |          |   |                              |
| ACCOUNT NO. 0011519949   |          | J                                     | First Mortgage   |            |              |          | 180,177.42  |                              |
| Select Portfolio Servicing, Inc.<br>P.O. Box 65250<br>Salt Lake City, UT 84165-0250                        |          |                                       | Two story house, three bedroom   |            |              |          |   |                              |
|  |          |                                       | VALUE \$ 183,000.00  |            |              |          |   |                              |
| ACCOUNT NO.  |          |                                       | VALUE \$   |            |              |          |   |                              |
| ocntinuation sheets attached   |          |                                       | (Total of t  |            | otota        |          | \$ 239,189.21   | \$ 46,369.21                 |
|  |          |                                       | (Use only on   |            | Tota<br>page |          | \$ 239,189.21   | \$ 46,369.21                 |

(Report also on Summary of Schedules.)

(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

| BGE (Official FCASE) Q9,028051    | Doc 1 | Filed 07/31/09 | Entered 07/31/09 14:29:00 |  |
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| 502 (Olifeini 1 01iii 02) (12/07) |       | Document       | Page 12 of 47             |  |

IN RE Gandara, Feliciano & Gandara, Olga Rita

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Debtor(s)

Case No.

(If known)

Desc Main

#### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

| Stat  | istical Summary of Certain Liabilities and Related Data.  |
|-------|---|
| liste | eport the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority d on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on Statistical Summary of Certain Liabilities and Related Data.        |
| V     | Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.   |
| TY    | PES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)   |
|       | <b>Domestic Support Obligations</b> Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).   |
|       | Extensions of credit in an involuntary case  Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).  |
|       | Wages, salaries, and commissions Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). |
|       | Contributions to employee benefit plans  Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).   |
|       | Certain farmers and fishermen Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).  |
|       | <b>Deposits by individuals</b> Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).   |
|       | Taxes and Certain Other Debts Owed to Governmental Units  Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).   |
|       | Commitments to Maintain the Capital of an Insured Depository Institution  Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).  |
|       | Claims for Death or Personal Injury While Debtor Was Intoxicated Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).   |
|       | * Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.  |
|       | <b>0</b> continuation sheets attached   |

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IN RE Gandara, Feliciano & Gandara, Olga Rita

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Debtor(s)

Case No.

(If known)

#### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE                   | CONTINGENT  | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
|--|----------|---------------------------------------|--|-------------|--------------|----------|-----------------------|
| ACCOUNT NO. <b>K1700338721-KIDE</b>  |          | Н                                     | Health insurance   |             |              |          |                       |
| All Kids Family Care<br>P.O. Box 19121<br>Springfield, IL 62794-9121                                     |          |                                       |  |             |              |          | 420.00                |
| ACCOUNT NO. <b>40225539</b>  |          | J                                     | 5/09   |             |              |          |                       |
| American General<br>I2337 S. State Rt. 59<br>Plainfield, IL 60585-4605                                   |          |                                       | ewrite \$14,877.70 8/08<br>ersonal loan previously secured by reposessed<br>ehicle                                   |             |              |          |                       |
|  |          |                                       |  |             |              |          | 15,082.00             |
| ACCOUNT NO. <b>59586</b>   |          | W                                     | Medical bills  |             |              |          |                       |
| ATG Credit, LLC<br>P.O. Box 14895<br>Chicago, IL 60614-4895  |          |                                       |  |             |              |          |                       |
| ACCOUNT NO. <b>114701</b>  |          | н                                     | Workman's compensation insurance   |             |              |          | 218.40                |
| Bank Direct<br>150 North Drive, Suite 190<br>Lake Forest, IL 60045                                       |          | ••                                    | Workman 3 compensation insurance   |             |              |          |                       |
|  |          |                                       |  |             |              |          | 331.48                |
| <b>5</b> continuation sheets attached  |          |                                       | (Total of th   | Sub<br>is p |              |          | \$ 16,051.88          |
|  |          |                                       |  |             | `ota         |          |                       |
|  |          |                                       | (Use only on last page of the completed Schedule F. Report<br>the Summary of Schedules and, if applicable, on the St | als<br>atis | o o<br>tica  | n<br>al  |                       |
|  |          |                                       | Summary of Certain Liabilities and Related   |             |              |          | \$                    |

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## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

|  |          | ((                                    | Continuation Sheet)  |                  |              |          |                       |
|--|----------|---------------------------------------|--|------------------|--------------|----------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE   | CONTINGENT       | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO. <b>5178-0522-7994-7853</b>   |          | w                                     | 2008 and prior purchases   | T                |              |          |                       |
| Capital One Bank<br>P.O. Box 6492<br>Carol Stream, IL 60197-6402   |          |                                       |  |                  |              |          | 1,002.82              |
| ACCOUNT NO. <b>5178-0573-2220-4186</b>   |          | Н                                     | 2008 prior purchases, TV, clothes, bills, misc.  | +                |              |          | 1,002.02              |
| Capital One Bank C/O Creditors Interchange P.O. Box 1335 Buffalo, NY 14240-1335                          |          |                                       |  |                  |              |          | 1,100.51              |
| ACCOUNT NO. <b>6019181842127924</b>  |          | w                                     | Lasik surgery  | $\dagger$        |              |          |                       |
| Care Credit GE Money<br>C/O Allied Interstate<br>3000 Corporate Exchange Dr.<br>Columbus, OH 43231       |          |                                       |  |                  |              |          | 3,264.00              |
| ACCOUNT NO. <b>4185-8651-4971-3542</b>   |          | Н                                     | 2008 and prior purchases   | $\dagger$        |              |          | 0,2000                |
| Chase<br>P.O. Box 15153<br>Wilmington, DE 19886-5153   |          |                                       |  |                  |              |          | 4,957.65              |
| ACCOUNT NO. <b>9537412006</b>  |          | J                                     | Electrical Utilities 2009.   | ╁                |              |          | 4,337.03              |
| ComEd<br>P.O. Box 6111<br>Carol Stream, IL 60197-6111  |          |                                       |  |                  |              |          | 440.04                |
| ACCOUNT NO. <b>7557P-5096522181</b>  |          | J                                     |  | +                |              |          | 142.04                |
| CVS/Caremark C/O Transworld Systems P.O. Box 1864 Santa Rosa, CA 95402                                   |          |                                       |  |                  |              |          | 175.00                |
| ACCOUNT NO. <b>001474914</b>   |          | Н                                     | Cable TV   |                  |              | H        | 173.00                |
| Direct TV<br>P.O. Box 78626<br>Phoenix, AZ 85062-8626  |          |                                       |  |                  |              |          | 202.20                |
| Sheet no. 1 of 5 continuation sheets attached to   |          |                                       |  | Sub              | tot          | L<br>al  | 203.39                |
| Schedule of Creditors Holding Unsecured Nonpriority Claims   |          |                                       | (Total of t  | his p            | age          | e)       | \$ 10,845.41          |
|  |          |                                       | (Use only on last page of the completed Schedule F. Repo<br>the Summary of Schedules, and if applicable, on the Summary of Certain Liabilities and Relat | rt als<br>Statis | stic         | on<br>al | \$                    |

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## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

|  |          | (                                     | Continuation Sheet)   |                  |              |           |          |                       |
|--|----------|---------------------------------------|---|------------------|--------------|-----------|----------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE  | CONTINGENT       | UNLIOUIDATED | NSBITTED  | VISTUIED | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO. <b>EC004922314</b>   |          | w                                     | Holster monitor   | +                |              |           | +        |                       |
| Edward Cardiovascular Institute<br>P.O. Box 4260, Dept. W<br>Carol Stream, IL 60197-4260                 |          |                                       |   |                  |              |           |          | 132.56                |
| ACCOUNT NO. <b>E044783256</b>  |          | w                                     | Ultrasound  | +                |              |           | +        |                       |
| Edward Hospital<br>C/O Revenue Cycle Solutions, Inc.<br>P.O. Box 7229<br>Westchester, IL 60154-7229      |          |                                       |   |                  |              |           |          | 832.99                |
| ACCOUNT NO. <b>08-090333735</b>  |          | w                                     | X-rays  | +                |              |           | +        |                       |
| Edward Hospital<br>C/O Merchants Credit Guide Co.<br>223 W. Jackson Blvd.<br>Chicago, IL 60606           |          |                                       |   |                  |              |           |          | 383.16                |
| ACCOUNT NO. <b>EO44136505</b>  |          | w                                     | Ultrasound neck   | +                |              |           | +        |                       |
| Edward Hospital<br>P.O. Box 4207<br>Carol Stream, IL 60197   |          |                                       |   |                  |              |           |          | 356.48                |
| ACCOUNT NO. <b>EO43069517</b>  |          | w                                     | Ultrasound  | +                |              |           | +        |                       |
| Edward Hospital<br>C/O Revenue Production Management<br>P.O. Box 77000<br>Detroit, MI 48277-0308         |          |                                       |   |                  |              |           |          | 766.27                |
| ACCOUNT NO. <b>EO46127031</b>  |          | w                                     | Physical therapy  | +                |              |           | +        | 100.21                |
| Edward Hospital<br>P.O. Box 4207<br>Carol Stream, IL 60197   |          |                                       |   |                  |              |           |          | 296.70                |
| ACCOUNT NO. <b>7141541/11605410</b>  |          | W                                     | Blood work  | +                |              |           | +        | 230.10                |
| Harvard Collection Service<br>4839 N. Elston<br>Chicago, IL 60630  |          |                                       |   |                  |              |           |          | 262.95                |
| Sheet no. 2 of 5 continuation sheets attached to   |          |                                       |   | Sub              | otoi         | tal       | +        | 202.95                |
| Schedule of Creditors Holding Unsecured Nonpriority Claims   |          |                                       | (Total of   |                  |              |           |          | 3,031.11              |
|  |          |                                       | (Use only on last page of the completed Schedule F. Repo<br>the Summary of Schedules, and if applicable, on the<br>Summary of Certain Liabilities and Relat | rt als<br>Statis | stic         | on<br>cal |          |                       |

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## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

|  |          | (                                     | Continuation Sheet)   |            |              |          |                       |
|--|----------|---------------------------------------|---|------------|--------------|----------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE  | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO. <b>6011-3800-2301-2933</b>   |          | Н                                     | 2008 and prior purchases for gas, insurance,  | H          |              | H        |                       |
| HSBC<br>P.O. Box 17313<br>Baltimore, MD 21297-1313   |          |                                       | misc.   |            |              |          | 2 277 45              |
| ACCOUNT NO. <b>5458-0015-5371-1593</b>   |          | Н                                     | 2008 and prior purchases for truck, repairs, gas  |            |              |          | 3,277.45              |
| HSBC Card Services<br>P.O. Box 17313<br>Baltimore, MD 21297-1313   |          |                                       |   |            |              |          | 3,277.72              |
| ACCOUNT NO. <b>54580015523667678</b>   |          | W                                     | 2008 and prior purchases for clothes, food, gas   |            |              |          | 3,211.12              |
| HSBC Card Services<br>P.O. Box 17313<br>Baltimore, MD 21297-1313   |          |                                       |   |            |              |          | 2 202 00              |
| ACCOUNT NO. <b>5440-4550-2026-5545</b>   |          | W                                     | 2008 and prior purchases, periodic purchases  |            |              |          | 2,363.60              |
| HSBC Card Services<br>P.O. Box 17051<br>Baltimore, MD 21297-1051   |          |                                       |   |            |              |          | 2,119.59              |
| ACCOUNT NO. <b>4663-0400-6846-7493</b>   |          | W                                     | 2008 and prior purchases, medical bills   |            |              |          | 2,113.33              |
| HSBC Card Services<br>P.O. Box 17051<br>Baltimore, MD 21297-1051   |          |                                       |   |            |              |          | 1 885 24              |
| ACCOUNT NO. <b>5488-9750-2947-6325</b>   |          | Н                                     | 2008 prior purchases and periodic purchases   |            |              |          | 1,885.24              |
| HSBC Card Services<br>C/O Universal Fidelity<br>P.O. Box 941911<br>Houston, TX 77094-8911                |          |                                       |   |            |              |          | 2,040.15              |
| ACCOUNT NO. <b>00112-9566</b>  |          | J                                     | Association fees plus attorney's fees   |            |              | $\dashv$ | 2,040.10              |
| Keough & Moody<br>1001 E. Chicago Ave., Suite 103<br>Naperville, IL 60540                                |          |                                       |   |            |              |          | 518.50                |
| Sheet no. 3 of 5 continuation sheets attached to   | _        | <u> </u>                              |   | Sub        |              | - 1      |                       |
| Schedule of Creditors Holding Unsecured Nonpriority Claims   |          |                                       | (Total of the   | 1          | ota          | al       | \$ 15,482.25          |
|  |          |                                       | (Use only on last page of the completed Schedule F. Repor<br>the Summary of Schedules, and if applicable, on the S<br>Summary of Certain Liabilities and Relate | tatis      | tica         | al       | \$                    |

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Summary of Certain Liabilities and Related Data.) \$

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(If known)

Document
IN RE Gandara, Feliciano & Gandara, Olga Rita

Debtor(s)

\_ Case No. \_

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

|   |          | (1                                    | Continuation Sneet)   |             |              |          |                       |
|---|----------|---------------------------------------|---|-------------|--------------|----------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.)                                | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE  | CONTINGENT  | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO. <b>046-4099-100</b>   |          | Н                                     | 2008  |             |              |          |                       |
| Kohl's<br>Kohl's Payment Center<br>P.O. Box 2983<br>Milwaukee, WI 53201-2983  |          |                                       | Clothes   |             |              |          | 586.57                |
| ACCOUNT NO. <b>272840</b>   |          | w                                     | Exam/ECO  | H           |              |          | 300.37                |
| Midwest Heart Specialist<br>3496 Paysphere Circle<br>Chicago, IL 60674  |          |                                       |   |             |              |          | 540.55                |
| ACCOUNT NO. 4780779/DC0026721305  |          | w                                     | Labs  |             |              |          | 516.55                |
| Mira Med Revenue Group P.O. Box 536 Linden, MI 48451-0536   |          |                                       |   |             |              |          | 258.45                |
| ACCOUNT NO. <b>26-66-00-2000 4</b>  |          | J                                     | Gas utility expense 2009  |             |              |          | 200.40                |
| Nicor Gas<br>P.O. Box 2020<br>Aurora, IL 60507-2020   |          |                                       |   |             |              |          |                       |
| ACCOUNT NO. <b>DC0026799698</b>   |          | J                                     | Medical, 6/8/09   |             |              |          | 901.55                |
| Provena Health<br>2870 Stoner Court, Suite 300<br>North Liberty, IA 52317   |          |                                       |   |             |              |          | 211.81                |
| ACCOUNT NO. <b>DC0026933799</b>   |          | J                                     | Medical, 6/09   |             |              |          | 211.01                |
| Provena Health<br>2870 Stoner Court, Suite 300<br>North Liberty, IA 52317   |          |                                       |   |             |              |          | 279.70                |
| ACCOUNT NO. <b>DC0026845856</b>   |          | Н                                     | Blood work  |             |              |          | 213.10                |
| Provena St. Joseph Medical Center<br>75 Remittance Dr., Suite 1366<br>Chicago, IL 60675-1366  |          |                                       |   |             |              |          |                       |
|   |          |                                       |   |             |              |          | 279.70                |
| Sheet no. $\underline{4}$ of $\underline{5}$ continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims |          |                                       | (Total of th  | Sub<br>is p |              |          | \$ 3,034.33           |
|   |          |                                       | (Use only on last page of the completed Schedule F. Report<br>the Summary of Schedules, and if applicable, on the St<br>Summary of Certain Liabilities and Relate | als<br>atis | tica         | n<br>al  | \$                    |

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(If known)

IN RE Gandara, Feliciano & Gandara, Olga Rita

Debtor(s)

Case No.

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

|  |          | (                                     | Continuation Sheet)   |                |              |          |                       |
|--|----------|---------------------------------------|---|----------------|--------------|----------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE  | CONTINGENT     | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO. 5049941392700487   |          | Н                                     | 2008 and prior purchases for microwave, winter  |                |              |          |                       |
| Sears Credit Cards<br>P.O. Box 183081<br>Columbus, OH 43218-3081   |          |                                       | coats, shoes  |                |              |          | 928.29                |
| ACCOUNT NO. 976339721  |          | Н                                     | Cell phone  | $\vdash$       |              | H        | 020.20                |
| Sprint C/O West Asset Management P.O. Box 790113 St. Louis, MO 63179-0113                                |          |                                       | •   |                |              |          | 749.83                |
| ACCOUNT NO.  | Х        | J                                     |   |                |              |          |                       |
| Toyota Financial<br>P.O. Box 5855<br>Carol Stream, IL 60197-5855   |          |                                       |   |                |              |          | 0.00                  |
| ACCOUNT NO.  |          |                                       |   |                |              |          |                       |
| ACCOUNT NO.  |          |                                       |   |                |              |          |                       |
| ACCOUNT NO.  |          |                                       |   |                |              |          |                       |
| ACCOUNT NO.  |          |                                       |   |                |              |          |                       |
| Sheet no. 5 of 5 continuation sheets attached to   |          |                                       |   | 6.7            |              |          |                       |
| Sheet no.  |          |                                       | (Total of the   | Sub<br>iis p   |              |          | \$ 1,678.12           |
|  |          |                                       | (Use only on last page of the completed Schedule F. Repor<br>the Summary of Schedules, and if applicable, on the S<br>Summary of Certain Liabilities and Relate | t als<br>tatis | tica         | n<br>al  | \$ 50,123.10          |

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IN RE Gandara, Feliciano & Gandara, Olga Rita

Case No.

Debtor(s)

(If known)

#### SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases

| NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT | DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT. |
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IN RE Gandara, Feliciano & Gandara, Olga Rita

cument Page 20 of 2

Case No. \_

(If known)

Debtor(s)

#### **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See. 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

|  | Toyota Financial<br>P.O. Box 5855<br>Carol Stream, IL 60197-5855 |
|--|--|
| NAME AND ADDRESS OF CODEBTOR   | NAME AND ADDRESS OF CREDITOR                                     |
| Check this box if debtor has no codebtors.   |  |
| territory. Include all names used by the nondebtor spouse during the eight years imn a creditor, state the child's initials and the name and address of the child's parent or gua name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). | •                          |

Debtor's Marital Status

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DEPENDENTS OF DEBTOR AND SPOUSE

Desc Main

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

(If known)

IN RE Gandara, Feliciano & Gandara, Olga Rita

Debtor(s)

Case No.

## SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on From 22A, 22B, or 22C.

| Married  |  | RELATIONSHIP(S): Son Daughter Son                         |  |            |          | AGE(S<br>22<br>17<br>10 | i):      |
|--|--|---|--|------------|----------|-------------------------|----------|
| EMPLOYMENT:  |  | DEBTOR  |  |            | SPOUSE   |                         |          |
| Occupation<br>Name of Employer<br>How long employed<br>Address of Employer | Truck Driver Black Horse ( 8 months 150 Village C Carol Stream | Carriers, Inc.<br>t.                                      | Administration/<br>City Express Tra<br>5 years<br>1280 Iroquis Av<br>Naperville, IL 60 | avel<br>e. | Agent    |                         |          |
| INCOME: (Estima  | ite of average of  | r projected monthly income at time case file              | d)   |            | DEBTOR   |                         | SPOUSE   |
|  | _  | lary, and commissions (prorate if not paid r              |  | \$         | 5,306.05 | \$                      | 1,860.83 |
| 2. Estimated month   | ly overtime  |   | •  | \$         |          | \$                      |          |
| 3. SUBTOTAL  |  |   |  | \$         | 5,306.05 | \$                      | 1,860.83 |
| 4. LESS PAYROLI  |  |   |  |            |          |                         |          |
| a. Payroll taxes a   | nd Social Secur  | ity   |  | \$         | 844.78   |                         | 375.25   |
| b. Insurance   |  |   |  | \$         | 596.75   | \$                      |          |
| c. Union dues  |  |   |  | \$         |          | \$ —                    |          |
| d. Other (specify)   |  |   |  | \$ ——      |          | \$ ——<br>\$             |          |
| 5. SUBTOTAL OI   | F PAYROLL D  | DEDUCTIONS  |  | <u>\$</u>  | 1,441.53 | <u> </u>                | 375.25   |
| 6. TOTAL NET M   |  |   |  | \$         | 3,864.52 |                         | 1,485.58 |
| 7 Pagular income t   | from operation (   | of business or profession or farm (attach det             | ailed statement)   | •          |          | <b>\$</b>               |          |
| 8. Income from real  | l property   | or business of profession of farm (attach det             | aned statement)  | \$<br>     |          | \$ ——<br>\$             |          |
| 9. Interest and divide   |  |   |  | \$         |          | \$                      |          |
|  |  | ort payments payable to the debtor for the de             | ebtor's use or   |            |          |                         |          |
| that of dependents l   |  |   |  | \$         |          | \$                      |          |
| 11. Social Security  |  |   |  |            |          |                         |          |
| (Specify)  |  |   |  | \$         |          | \$                      |          |
| 12. Pension or retir   | amant in aama  |   |  | \$<br>\$   |          | \$                      |          |
| 12. Pension of feur 13. Other monthly i                                    |  |   |  | <b>a</b> — |          | <b>э</b> —              |          |
| (Specify)  | neome  |   |  | \$         |          | \$                      |          |
| (Specify   |  |   |  | \$         |          | \$                      |          |
|  |  |   |  | \$         |          | \$                      |          |
| 14. SUBTOTAL C   | F LINES 7 TH   | HROUGH 13   |  | \$         |          | \$                      |          |
|  |  | <b>COME</b> (Add amounts shown on lines 6 and             | 14)  | \$         | 3,864.52 | \$                      | 1,485.58 |
|  |  | ONTHLY INCOME: (Combine column total reported on line 15) | als from line 15;  |            | \$       | 5,350                   | ).10     |

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document: **None** 

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Debtor(s)

Case No. \_

Desc Main

tor(s) (If known)

## SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

| Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, |
|--|
|  |
| quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed          |
| on Form22A or 22C.   |
| Charletic han if a inite action is filed and debtor's arrange maintains a commeta harvabald. Complete a commeta school of  |

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

| 1. Rent or home mortgage payment (include lot rented for mobile home)                                       | \$             | 2,319.00 |
|---|----------------|----------|
| a. Are real estate taxes included? Yes <u>✓</u> No  |                |          |
| b. Is property insurance included? Yes No   |                |          |
| 2. Utilities:   |                |          |
| a. Electricity and heating fuel   | \$             | 285.00   |
| b. Water and sewer  | \$             | 110.00   |
| c. Telephone  | \$             |          |
| d. Other Cable And Internet   | \$             | 165.00   |
| Cell Phone  | \$             | 160.00   |
| 3. Home maintenance (repairs and upkeep)  | \$             | 41.00    |
| 4. Food   | \$             | 700.00   |
| 5. Clothing   | \$             |          |
| 6. Laundry and dry cleaning   | \$             | 160.00   |
| 7. Medical and dental expenses  | \$             | 250.00   |
| 8. Transportation (not including car payments)  | \$             | 312.00   |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc.   | \$             | 100.00   |
| 10. Charitable contributions  | \$             |          |
| 11. Insurance (not deducted from wages or included in home mortgage payments)                               |                |          |
| a. Homeowner's or renter's  | \$             |          |
| b. Life   | \$             | 39.00    |
| c. Health   | \$             |          |
| d. Auto   | \$             | 281.00   |
| e. Other  | \$             |          |
|   | <u>*</u>       |          |
| 12. Taxes (not deducted from wages or included in home mortgage payments)                                   | _ + _          |          |
| (Specify)   | \$             |          |
| (4F V)  | _ · _ ·        |          |
| 13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan) |                |          |
| a. Auto   | \$             | 392.00   |
| b. Other  | \$             |          |
|   | - \$           |          |
| 14. Alimony, maintenance, and support paid to others  | _ \$           |          |
| 15. Payments for support of additional dependents not living at your home                                   | \$ —           |          |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement)            | \$ —           |          |
| 17. Other   | \$ —           |          |
|   | — ¢ —          |          |
|   | — ¢ —          |          |
|   | — Ψ —          |          |
| <b>18. AVERAGE MONTHLY EXPENSES</b> (Total lines 1-17. Report also on Summary of Schedules and, if          |                |          |
| applicable on the Statistical Summary of Certain Liabilities and Related Data                               | l <sub>¢</sub> | 5 314 00 |

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document: **None** 

#### 20. STATEMENT OF MONTHLY NET INCOME

| a. Average monthly income from Line 15 of Schedule I | \$\$,350.10 |
|--|-------------|
| b. Average monthly expenses from Line 18 above       | \$ 5,314.00 |
| c. Monthly net income (a. minus b.)                  | \$ 36.10    |

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(If known)

IN RE Gandara, Feliciano & Gandara, Olga Rita

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Debtor(s)

Case No.

#### DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **19** sheets, and that they are true and correct to the best of my knowledge, information, and belief. Date: July 31, 2009 Signature: /s/ Feliciano Gandara Debtor Feliciano Gandara Signature: /s/ Olga Rita Gandara Date: July 31, 2009 (Joint Debtor, if any) Olga Rita Gandara [If joint case, both spouses must sign.] DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110) I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section. Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer Social Security No. (Required by 11 U.S.C. § 110.) If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document. Address Signature of Bankruptcy Petition Preparer Date Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual: If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person. A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156. DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP I, the (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_\_ sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Signature:

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**United States Bankruptcy Court** Northern District of Illinois

| IN RE:                                  | Case No   |
|---|-----------|
| Gandara, Feliciano & Gandara, Olga Rita | Chapter 7 |
| Debtor(s)                               |           |

#### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 -25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

#### **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

#### 1. Income from employment or operation of business

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

31,836.32 Husband 1-1-09 to present

68,797.00 Husband 2008

94,181.00 Husband 2007

11,165.00 Wife 1-1-09 to present gross

23,982.37 Wife 2008

22,851.00 Wife 2007

#### 2. Income other than from employment or operation of business

State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 3. Payments to creditors

Complete a. or b., as appropriate, and c.

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 4. Suits and administrative proceedings, executions, garnishments and attachments

None a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or

not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 5. Repossessions, foreclosures and returns

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 6. Assignments and receiverships

a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and joint petition is not filed.)

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 7. Gifts

None List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 8. Losses

None List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the** commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 9. Payments related to debt counseling or bankruptcy

None List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

#### Nordin & Sturino, P.C. 1555 NapervilleWheaton Road Suite 207 Naperville, IL 60563

#### 10. Other transfers

None a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

#### 11. Closed financial accounts

None List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 12. Safe deposit boxes

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 13. Setoffs

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 14. Property held for another person

List all property owned by another person that the debtor holds or controls.



#### 15. Prior address of debtor

If debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

#### 16. Spouses and Former Spouses

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

#### 17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

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None

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

#### 18. Nature, location and name of business

None

a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

None

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.



[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: July 31, 2009

Signature /s/ Feliciano Gandara

of Debtor

Feliciano Gandara

Date: July 31, 2009

Signature /s/ Olga Rita Gandara

of Joint Debtor

(if any)

Olga Rita Gandara

\_\_\_\_\_**0** continuation pages attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

 $Case~09\text{-}28051~~Doc~1\\ \text{B8 (Official Form 8) (12/08)}$ 

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**Northern District of Illinois** 

| IN RE:  |                             |  | Case No  |  |  |
|---|-----------------------------|--|--|--|--|
| Gandara, Feliciano & Gandara, Olga Rita   | 1                           | Chapter 7  |  |  |  |
| D   | Debtor(s)                   |  |  |  |  |
| CHAPTER 7 IN  | DIVIDUAL DEBTO              | OR'S STATEMENT O                                 | F INTENTION  |  |  |
| <b>PART A</b> – Debts secured by property of th estate. Attach additional pages if necessary            |                             | e fully completed for <b>EAC</b>                 | <b>H</b> debt which is secured by property of the                    |  |  |
| Property No. 1  |                             |  |  |  |  |
| Creditor's Name:<br>First Franklin Loan Services  |                             | Describe Property Sec<br>13742 S. Jane Circle, I |  |  |  |
| Property will be (check one):  ☐ Surrendered ✓ Retained   |                             |  |  |  |  |
| If retaining the property, I intend to (check Redeem the property Reaffirm the debt Other. Explain      | k at least one):            | (for exam  | ple, avoid lien using 11 U.S.C. § 522(f)).                           |  |  |
| Property is (check one):  ✓ Claimed as exempt □ Not claimed   | as exempt                   | ``   |  |  |  |
| Property No. 2 (if necessary)   |                             | 1  |  |  |  |
| Creditor's Name:<br>Hinsdale Bank & Trust Co.   |                             | Describe Property Sec<br>2003 Ford Expedition    | uring Debt:  |  |  |
| Property will be (check one):  ☐ Surrendered ✓ Retained   |                             | 1  |  |  |  |
| If retaining the property, I intend to (checon Redeem the property  ✓ Reaffirm the debt  Other. Explain | k at least one):            | (for exam  | ple, avoid lien using 11 U.S.C. § 522(f)).                           |  |  |
| Property is (check one):  Claimed as exempt Not claimed   | as exempt                   |  |  |  |  |
| PART B – Personal property subject to une.  additional pages if necessary.)                             | xpired leases. (All three o | columns of Part B must be                        | completed for each unexpired lease. Attach                           |  |  |
| Property No. 1  |                             |  |  |  |  |
| Lessor's Name:  | Describe Leased             | Property:  | Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2):  ☐ Yes ☐ No |  |  |
| Property No. 2 (if necessary)   |                             |  |  |  |  |
| Lessor's Name:  | Describe Leased             | Property:  | Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2):  ☐ Yes ☐ No |  |  |
| 1 continuation sheets attached (if any)   |                             |  |  |  |  |
| I declare under penalty of perjury that t<br>personal property subject to an unexpire                   |                             | intention as to any prop                         | erty of my estate securing a debt and/or                             |  |  |
| Date: <b>July 31, 2009</b>  | /s/ Feliciano Ganda         | ara  |  |  |  |
|   | Signature of Debtor         |  |  |  |  |
|   | /s/ Olga Rita Ganda         | ara  |  |  |  |

Signature of Joint Debtor

## CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

(Continuation Sheet)

| PART A – Continu | atıon |
|------------------|-------|
|------------------|-------|

Continuation sheet \_\_\_1 of \_\_\_1

| Property No. 3  |                 |   |  |  |
|---|-----------------|---|--|--|
| Creditor's Name:<br>Select Portfolio Servicing, Inc.  |                 | Describe Property Sect<br>13742 S. Jane Circle, P |  |  |
| Property will be (check one):  ☐ Surrendered ✓ Retained   |                 |   |  |  |
| If retaining the property, I intend to (check at  ☐ Redeem the property  ✓ Reaffirm the debt ☐ Other. Explain |                 | (for examp  | ble, avoid lien using 11 U.S.C. § 522(f)).                           |  |
| Property is (check one):  Claimed as exempt Not claimed as exempt   | exempt          |   | · · · · · · · · · · · · · · · · · · ·                                |  |
| Property No.  |                 |   |  |  |
| Creditor's Name:  |                 | Describe Property Seco                            | uring Debt:  |  |
| Property will be (check one):  Surrendered Retained   |                 |   |  |  |
| If retaining the property, I intend to (check at Redeem the property Reaffirm the debt Other. Explain         | least one):     | (for example, avoid lien using 11 U.S.C. § 522    |  |  |
| Property is (check one):  Claimed as exempt Not claimed as exempt   | exempt          |   |  |  |
| Property No.  | Property No.    |   |  |  |
| Creditor's Name:  |                 | Describe Property Securing Debt:                  |  |  |
| Property will be (check one):  Surrendered Retained   |                 |   |  |  |
| If retaining the property, I intend to (check at Redeem the property Reaffirm the debt Other. Explain         | least one):     | (for examp  | ole, avoid lien using 11 U.S.C. § 522(f)).                           |  |
| Property is (check one):  Claimed as exempt Not claimed as exempt   | exempt          |   |  |  |
| PART B – Continuation   |                 |   |  |  |
| Property No.  |                 |   |  |  |
| Lessor's Name:  | Describe Leased | Property:   | Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2):  ☐ Yes ☐ No |  |
| Property No.  | ]               |   |  |  |
| Lessor's Name:  | Describe Leased | Property:   | Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2):  ☐ Yes ☐ No |  |
|   | L               |   |  |  |

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Case 09-28051 Doc 1 Filed 07/31/09 Entered 07/31/09 14:29:00 Desc Main Page 30 of 47 Document B22A (Official Form 22A) (Chapter 7) (12/08) According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement): ☐ The presumption arises **▼**The presumption does not arise In re: Gandara, Feliciano & Gandara, Olga Rita ☐ The presumption is temporarily inapplicable. Case Number: \_ (If known)

## CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Unless the exclusion in Line 1C applies, joint debtors may complete a single statement. If the exclusion in Line 1C applies, each joint filer must complete a separate statement.

Part I. MILITARY AND NON-CONSUMER DEBTORS

| Disabled Veterans. If you are a disabled veteran described in the Veteran's Declaration in this Part I, (1) check the box at the beginning of the Veteran's Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.    Veteran's Declaration. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. § 901(1)).    Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.    Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.    Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(II)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(11)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filin | the beginning of the Veteran's Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.    Veteran's Declaration. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. § 901(1)).    Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.    Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.    Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have perford homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends.    Declaration of Reservists and Nati |    |   |
|--|--|----|---|
| in Part VIII. Do not complete any of the remaining parts of this statement.    Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.    Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.    Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard    A   | in Part VIII. Do not complete any of the remaining parts of this statement.    Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.    Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.    Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard    a.  | 1A | the beginning of the Veteran's Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.  Ueteran's Declaration. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in   |
| Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.  Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard  a. \[ \] I was called to active duty after September 11, 2001, for a period of at least 90 days and \[ \] I remain on active duty /or/ \[ \] I was released from active duty on \[ \] which is less than 540 days before this bankruptcy case was filed;  OR  b. \[ \] I am performing homeland defense activity for a period of at least 90 days, terminating on \[ \] performed homeland defense activity for a period of at least 90 days, terminating on \[ \]   | Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.  Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard  a. I was called to active duty after September 11, 2001, for a period of at least 90 days and I remain on active duty or/ I was released from active duty on   | 1B | in Part VIII. Do not complete any of the remaining parts of this statement.   |
| of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.    Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard    a.   I was called to active duty after September 11, 2001, for a period of at least 90 days and   I remain on active duty/or/   I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;    OR   | of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.    Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard    a.   |    | Decraration of non-consumer debts. By checking this box, I decrare that my debts are not primarily consumer debts.  |
|  |  | 1C | of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard  a.     I was called to active duty after September 11, 2001, for a period of at least 90 days and   I remain on active duty /or/   I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;  OR  b.   I am performing homeland defense activity for a period of at least 90 days, terminating on, |

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**B22A** (Official Form 22A) (Chapter 7) (12/08)

|   |  | Part II. CALCULATION   | OF MONTH   | LY INCO  | ME FOR § 707(b)(7) F                                 | EXC   | LUSION                        |        |                           |
|---|--|--|--|--|--|-------|-------------------------------|--------|---------------------------|
|   | Mar  | rital/filing status. Check the box tha   | at applies and c   | omplete the                                      | balance of this part of this                         | state | ement as dire                 | ected. |                           |
|   | a. 🗌   | Unmarried. Complete only Colum   | nn A ("Debtor  | 's Income'                                       | ) for Lines 3-11.                                    |       |                               |        |                           |
|   | b  | Married, not filing jointly, with de penalty of perjury: "My spouse and are living apart other than for the property Complete only Column A ("Debta")  | d I are legally s<br>ourpose of evad                     | eparated unling the req                          | nder applicable non-bankruuirements of § 707(b)(2)(A | ptcy  | law or my s <sub>l</sub>      | pouse  | and I                     |
| 2 | c  | Married, not filing jointly, without Column A ("Debtor's Income")  |  |  |  |       | above. Con                    | ıplete | both                      |
|   | d. 🔽   | Married, filing jointly. Complete I Lines 3-11.  | both Column A  | A ("Debtor                                       | 's Income'') and Column                              | B ("  | Spouse's In                   | come'  | ') for                    |
|   | the s  | igures must reflect average monthly ix calendar months prior to filing the th before the filing. If the amount of divide the six-month total by six, a   | e bankruptcy ca<br>monthly incon                         | ase, ending<br>ne varied d                       | on the last day of the uring the six months, you     | I     | olumn A<br>Debtor's<br>Income | Sp     | lumn B<br>ouse's<br>icome |
| 3 | Gros   | ss wages, salary, tips, bonuses, ove   | ertime, commi  | ssions.  |  | \$    | 5,306.05                      | \$     | 1,860.83                  |
| 4 | a and<br>one l   | me from the operation of a busined enter the difference in the appropriate business, profession or farm, enter a highment. Do not enter a number less tenses entered on Line b as a deduction  | iate column(s)<br>ggregate numb<br>han zero. <b>Do n</b> | of Line 4. I<br>ers and pro<br><b>ot include</b> | f you operate more than vide details on an           |       |                               |        |                           |
|   | a.   | Gross receipts   |  | \$   |  |       |                               |        |                           |
|   | b.   | Ordinary and necessary business e  | expenses   | \$   |  |       |                               |        |                           |
|   | c.   | Business income  |  | Subtract I                                       | ine b from Line a                                    | \$    |                               | \$     |                           |
| _ | Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V.                                  |  |  |  |  |       |                               |        |                           |
| 5 | a.   | Gross receipts   |  | \$   |  |       |                               |        |                           |
|   | b.   | Ordinary and necessary operating   | expenses   | \$   |  |       |                               |        |                           |
|   | c.   | Rent and other real property incor   | me   | Subtract I                                       | Line b from Line a                                   | \$    |                               | \$     |                           |
| 6 | Inte   | rest, dividends, and royalties.  |  |  |  | \$    |                               | \$     |                           |
| 7 | Pens   | sion and retirement income.  |  |  |  | \$    |                               | \$     |                           |
| 8 | Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. |  |  |  |  | \$    |                               | \$     |                           |
| 9 | How<br>was   | <b>Unemployment compensation.</b> Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below: |  |  |  |       |                               |        |                           |
|   | cla  | Unemployment compensation claimed to be a benefit under the Social Security Act  Debtor \$ Spouse \$   |  |  |  | \$    |                               | \$     |                           |

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|    | Official Form 22:1) (Chapter 7) (12:00)  |                          |                      |      |           |
|----|--|--------------------------|----------------------|------|-----------|
| 10 | Income from all other sources. Specify source and amount. If necessary, list additionable sources on a separate page. Do not include alimony or separate maintenance pay paid by your spouse if Column B is completed, but include all other payments alimony or separate maintenance. Do not include any benefits received under the Security Act or payments received as a victim of a war crime, crime against humania victim of international or domestic terrorism. |                          |                      |      |           |
|    | a. \$  |                          |                      |      |           |
|    | b. \$  |                          |                      |      |           |
|    | Total and enter on Line 10   |                          | \$                   | \$   |           |
| 11 | Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Col and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total  |                          | \$ 5,306.05          | \$   | 1,860.83  |
| 12 | <b>Total Current Monthly Income for § 707(b)(7).</b> If Column B has been completed Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not lead to completed, enter the amount from Line 11, Column A.   |                          | \$                   |      | 7,166.88  |
|    | Part III. APPLICATION OF § 707(B)(7) EXCLU   | SION                     |                      |      |           |
| 13 | <b>Annualized Current Monthly Income for § 707(b)(7).</b> Multiply the amount from 12 and enter the result.  | Line 12 by               | -                    | \$   | 86,002.56 |
| 14 | <b>Applicable median family income.</b> Enter the median family income for the application household size. (This information is available by family size at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> the bankruptcy court.)   |                          |                      |      |           |
|    | a. Enter debtor's state of residence: Illinois b. Enter debtor   | 's househo               | old size: _ <b>5</b> | \$   | 88,084.00 |
| 15 | Application of Section707(b)(7). Check the applicable box and proceed as directed.  ✓ The amount on Line 13 is less than or equal to the amount on Line 14. Check not arise" at the top of page 1 of this statement, and complete Part VIII; do not on the line 13 is more than the amount on Line 14. Complete the results of the line 14.  | ck the box<br>complete I | Parts IV, V, VI,     | or V | II.       |

## Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

|     | Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)   |   |   |    |  |  |  |
|-----|--|---|---|----|--|--|--|
| 16  | Ente   | r the amount from Line 12.  |   | \$ |  |  |  |
| 17  | Line<br>debto<br>paym<br>debto   | tal adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of an 11, Column B that was NOT paid on a regular basis for the household expenses of the prise of the specific in the lines below the basis for excluding the Column B increated of the spouse's tax liability or the spouse's support of persons other than the deler's dependents) and the amount of income devoted to each purpose. If necessary, list the tents on a separate page. If you did not check box at Line 2.c, enter zero. | he debtor or the ome (such as otor or the |    |  |  |  |
|     | a.   |   | \$  |    |  |  |  |
|     | b.   |   | \$  |    |  |  |  |
|     | c.   |   | \$  |    |  |  |  |
|     | Tot  | al and enter on Line 17.  |   | \$ |  |  |  |
| 18  | Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result.  |   |   |    |  |  |  |
|     | Part V. CALCULATION OF DEDUCTIONS FROM INCOME  |   |   |    |  |  |  |
|     | Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)  |   |   |    |  |  |  |
| 19A | National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable household size. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) |   |   |    |  |  |  |

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| 19B | National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 14b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B. |  |  |                               |  |   |   |    |
|-----|---|--|--|-------------------------------|--|---|---|----|
|     | Hot   | usehold members under 65 ye  | ars of age   | Hou                           | sehold memb  | ers 65 years of                                       | age or older                                  |    |
|     | a1.   | Allowance per member   |  | a2.                           | Allowance p  | er member   |   |    |
|     | b1.   | Number of members  |  | b2.                           | Number of 1  | nembers   |   |    |
|     | c1.   | Subtotal   |  | c2.                           | Subtotal   |   |   | \$ |
| 20A | and U   | l Standards: housing and util<br>Jtilities Standards; non-mortgag<br>mation is available at <u>www.usd</u>   | ge expenses for the  | e appli                       | cable county a                                       | and household si                                      |   | \$ |
|     | the II<br>informathe to   | Al Standards: housing and util<br>RS Housing and Utilities Standarmation is available at <a href="www.usd">www.usd</a><br>otal of the Average Monthly Payact Line b from Line a and ente | ards; mortgage/renoj.gov/ust/ or from yments for any de        | nt expe<br>n the c<br>bts sec | ense for your clerk of the ban<br>ured by your l     | ounty and family<br>kruptcy court); one, as stated in | y size (this<br>enter on Line b<br>n Line 42; |    |
| 20B | a.  | IRS Housing and Utilities Sta  | ndards; mortgage/  | /rental                       | expense  | \$  |   |    |
|     | b. Average Monthly Payment for any debts secured by your home, is any, as stated in Line 42   |  |  |                               | our home, if   | \$  |   |    |
|     | c. Net mortgage/rental expense  |  |  |                               |  | Subtract Line l                                       | \$  |    |
| 21  | Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:  |  |  |                               |  |   |   | \$ |
|     | Loca  | l Standards: transportation:   | vehicle oneration  | ı/nııhli                      | ic transportat                                       | ion expense Yo  | ou are entitled to                            | \$ |
|     | Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.  |  |  |                               |  |   |   |    |
| 22A | Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8.  |  |  |                               |  |   |   |    |
|     | If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)   |  |  |                               | \$   |   |   |    |
| 22B | exper<br>addit<br>Trans   | Il Standards: transportation;<br>nses for a vehicle and also use pional deduction for your public<br>sportation" amount from IRS Le  | oublic transportati<br>transportation ex<br>ocal Standards: Tr | on, and<br>penses<br>ranspo   | d you contend<br>, enter on Line<br>rtation. (This a | that you are enti<br>22B the "Public                  | tled to an                                    |    |
|     | www   | <u>.usdoj.gov/ust/</u> or from the cleri   | k of the bankrupto   | cy cour                       | rt.)   |   |   | \$ |

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| 23 | Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)  1 2 or more.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards:  Transportation (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero. |   |    |  |  |
|----|--|---|----|--|--|
|    | <ul> <li>a. IRS Transportation Standards, Ownership Costs</li> <li>Average Monthly Payment for any debts secured by Vehicle 1, as</li> <li>b. stated in Line 42</li> <li>c. Net ownership/lease expense for Vehicle 1</li> </ul>   | \$ Subtract Line b from Line a                                    | \$ |  |  |
| 24 | Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards:  Transportation (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42;  |   |    |  |  |
|    | <ul> <li>a. IRS Transportation Standards, Ownership Costs, Second Car</li> <li>Average Monthly Payment for any debts secured by Vehicle 2, as</li> <li>b. stated in Line 42</li> <li>c. Net ownership/lease expense for Vehicle 2</li> </ul>   | \$ Subtract Line b from Line a                                    | \$ |  |  |
| 25 | Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.   |   |    |  |  |
| 26 | Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.  |   |    |  |  |
| 27 | Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.  |   |    |  |  |
| 28 | Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.   |   |    |  |  |
| 29 | Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.  |   |    |  |  |
| 30 | Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare — such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.  |   |    |  |  |
| 31 | Other Necessary Expenses: health care. Enter the total average monthly expend on health care that is required for the health and welfare of yourself reimbursed by insurance or paid by a health savings account, and that is in Line 19B. Do not include payments for health insurance or health savings.   | f or your dependents, that is not excess of the amount entered in | \$ |  |  |
| 32 | Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service — such as pagers, call waiting, caller id, special long distance, or internet service — to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.   |   |    |  |  |
| 33 | <b>Total Expenses Allowed under IRS Standards.</b> Enter the total of Lines 19 through 32.   |   |    |  |  |

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|    |                         | Subpart B: Additional Living I<br>Note: Do not include any expenses that y  |   | 0-32                        |    |
|----|-------------------------|---|---|-----------------------------|----|
|    | expe                    | Ith Insurance, Disability Insurance, and Health Savings Anses in the categories set out in lines a-c below that are reasonse, or your dependents.   |   |                             |    |
|    | a.                      | Health Insurance  | \$  |                             |    |
| 24 | b.                      | Disability Insurance  | \$  |                             |    |
| 34 | c.                      | Health Savings Account  | \$  |                             |    |
|    | Tota                    | l and enter on Line 34  |   | _                           | \$ |
|    |                         | ou do not actually expend this total amount, state your act pace below:   | ual total average monthly e   | xpenditures in              |    |
| 35 | mont<br>elder           | tinued contributions to the care of household or family nothly expenses that you will continue to pay for the reasonable rely, chronically ill, or disabled member of your household or to pay for such expenses.   | and necessary care and su   | pport of an                 | \$ |
| 36 | you a                   | ection against family violence. Enter the total average reas actually incurred to maintain the safety of your family under ices Act or other applicable federal law. The nature of these idential by the court.   | the Family Violence Preve   | ntion and                   | \$ |
| 37 | Loca prov               | ne energy costs. Enter the total average monthly amount, in all Standards for Housing and Utilities, that you actually experide your case trustee with documentation of your actual the additional amount claimed is reasonable and necessary.  | nd for home energy costs. Yexpenses, and you must d                                 | You must                    | \$ |
| 38 | you a<br>secon<br>trust | cation expenses for dependent children less than 18. Enter actually incur, not to exceed \$137.50 per child, for attendance and ary school by your dependent children less than 18 years of the with documentation of your actual expenses, and you asonable and necessary and not already accounted for in | e at a private or public element age. You must provide your must explain why the am | mentary or<br>your case     | \$ |
| 39 | cloth<br>Natio          | itional food and clothing expense. Enter the total average raing expenses exceed the combined allowances for food and onal Standards, not to exceed 5% of those combined allowary.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Yetional amount claimed is reasonable and necessary.           | clothing (apparel and services. (This information is a                              | ces) in the IRS vailable at | \$ |
| 40 |                         | tinued charitable contributions. Enter the amount that you or financial instruments to a charitable organization as define  |   |                             | \$ |
| 41 | Tota                    | al Additional Expense Deductions under § 707(b). Enter the  | ne total of Lines 34 through  | 40                          |    |

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|    |  | S  | ubpart C  | : Deductions for De  | ebt Payment  |   |    |
|----|--|--|---|--|--|---|----|
|    | you o<br>Paym<br>the to<br>follo   | re payments on secured claims own, list the name of the creditor nent, and check whether the paynotal of all amounts scheduled as a wing the filing of the bankruptcy. Enter the total of the Average N            | , identify the nent include contractual case, divi    | he property securing<br>des taxes or insurance<br>lly due to each Secur<br>ded by 60. If necessa | the debt, state the A<br>e. The Average Monted Creditor in the 60                              | verage Monthly thly Payment is months                             |    |
| 42 |  | Name of Creditor   | Property  | Securing the Debt  | Average<br>Monthly<br>Payment  | Does payment include taxes or insurance?                          |    |
|    | a.   |  |   |  | \$   | ☐ yes ☐ no  |    |
|    | b.   |  |   |  | \$   | ☐ yes ☐ no  |    |
|    | c.   |  |   | Total, Ad  | \$ ld lines a h and a  | yes no  |    |
|    |  |  |   |  | ld lines a, b and c.   |   | \$ |
|    | reside<br>you r<br>credi<br>cure<br>forec  | er payments on secured claims. ence, a motor vehicle, or other paymay include in your deduction 1/4 tor in addition to the payments li amount would include any sums closure. List and total any such arrate page. | roperty ne<br>60th of an<br>sted in Lin<br>in default | cessary for your suppy amount (the "cure and 42, in order to maithat must be paid in a           | port or the support of<br>amount") that you muintain possession of to<br>order to avoid reposs | your dependents,<br>ust pay the<br>he property. The<br>session or |    |
| 43 |  | Name of Creditor   |   | Property Securing t  | he Debt  | 1/60th of the<br>Cure Amount                                      |    |
|    | a.   |  |   |  |  | \$  |    |
|    | b.   |  |   |  |  | \$  |    |
|    | c.   |  |   |  | Total, Ada   | \$ lines a b and a  |    |
|    |  |  |   |  |  | d lines a, b and c.   | \$ |
| 44 | Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28. |  |   | \$   |  |   |    |
|    | follo  | pter 13 administrative expenses wing chart, multiply the amount in instrative expense.   |   |  |  |   |    |
|    | a.   | Projected average monthly cha  | pter 13 pla   | an payment.  | \$   |   |    |
| 45 | b.   | Current multiplier for your dist schedules issued by the Execut Trustees. (This information is a <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the court.)                                   | ive Office<br>vailable a                              | for United States  | X  |   |    |
|    | c.   | Average monthly administrativ case   | e expense   | of chapter 13  | Total: Multiply Line and b   | es a  | \$ |
| 46 | Tota   | l Deductions for Debt Payment  | Enter the   | e total of Lines 42 th   | rough 45.  |   | \$ |
|    |  | S  | ubpart D  | : Total Deductions f   | from Income  |   |    |

Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.

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|    | Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION   | N                  |                  |  |  |
|----|---|--------------------|------------------|--|--|
| 48 | Enter the amount from Line 18 (Current monthly income for § 707(b)(2))  |                    | \$               |  |  |
| 49 | Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))   |                    |                  |  |  |
| 50 | Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the  | result.            | \$               |  |  |
| 51 | <b>60-month disposable income under § 707(b)(2).</b> Multiply the amount in Line 50 by the num enter the result.  | ber 60 and         | \$               |  |  |
|    | Initial presumption determination. Check the applicable box and proceed as directed.  |                    |                  |  |  |
|    | The amount on Line 51 is less than \$6,575. Check the box for "The presumption does not this statement, and complete the verification in Part VIII. Do not complete the remainder of  |                    | top of page 1 of |  |  |
| 52 | The amount set forth on Line 51 is more than \$10,950. Check the box for "The presum 1 of this statement, and complete the verification in Part VIII. You may also complete Par remainder of Part VI.   |                    |                  |  |  |
|    | ☐ The amount on Line 51 is at least \$6,575, but not more than \$10,950. Complete the re though 55).  | mainder of Par     | t VI (Lines 53   |  |  |
| 53 | Enter the amount of your total non-priority unsecured debt  |                    | \$               |  |  |
| 54 | <b>Threshold debt payment amount.</b> Multiply the amount in Line 53 by the number 0.25 and e result.   | nter the           | \$               |  |  |
|    | Secondary presumption determination. Check the applicable box and proceed as directed.  |                    |                  |  |  |
|    | ☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at   |                    |                  |  |  |
| 55 | the top of page 1 of this statement, and complete the verification in Part VIII.  The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption"  |                    |                  |  |  |
|    | arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.   |                    |                  |  |  |
|    | Part VII. ADDITIONAL EXPENSE CLAIMS   |                    |                  |  |  |
|    | Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, the and welfare of you and your family and that you contend should be an additional deduction from under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All average monthly expense for each item. Total the expenses. | om your curren     | t monthly        |  |  |
|    | Expense Description   | Monthly A          | mount            |  |  |
| 56 | a.  | \$                 |                  |  |  |
|    | b.  | \$                 |                  |  |  |
|    | c.  | \$                 |                  |  |  |
|    | Total: Add Lines a, b and c   | \$                 |                  |  |  |
|    | Part VIII. VERIFICATION   |                    |                  |  |  |
|    | I declare under penalty of perjury that the information provided in this statement is true and co both debtors must sign.)  | orrect. (If this a | joint case,      |  |  |
| 57 | Date: July 31, 2009 Signature: /s/ Feliciano Gandara  |                    |                  |  |  |
|    | (Debtor)  |                    |                  |  |  |
|    | Date: July 31, 2009 Signature: /s/ Olga Rita Gandara  (Joint Debtor, if any)  |                    |                  |  |  |

Case 09-28051 B1D (Official Form 1, Exhibit D) (12/08)

Doc 1 Filed 07/31/09

Entered 07/31/09 14:29:00 Desc Main

Document Page 38 of 47 **United States Bankruptcy Court** 

Northern District of Illinois

| IN RE:             | Case No   |
|--------------------|-----------|
| Gandara, Feliciano | Chapter 7 |
| Debtor(s)          |           |

#### EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

| 1. Within the 180 days <b>before the filing of my bankruptcy case</b> , I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency. |
|--|
| 2. Within the 180 days <b>before the filing of my bankruptcy case</b> , I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in   |
| performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file  |
| a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through  |
| the agency no later than 15 days after your bankruptcy case is filed.  |

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

| **************************************  |
|---|
| 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]  |
| ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);     |
| Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.); |
| Active military duty in a military combat zone.   |
| 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.   |

I certify under penalty of perjury that the information provided above is true and correct.

| Signature of Debtor: | /s/ Feliciano Gandara |  |
|----------------------|-----------------------|--|
| •                    |                       |  |

Date: July 31, 2009

Certificate Number: 01401-ILN-CC-006500780

## **CERTIFICATE OF COUNSELING**

| I CERTIFY that on March 23, 2009            | , a        | t <u>9:04</u>  | o'clock AM EDT,                  |
|---|------------|----------------|----------------------------------|
| Feliciano Gandara                           |            | receive        | ed from                          |
| GreenPath, Inc.                             |            |                |                                  |
| an agency approved pursuant to 11 U.S.C.    | § 111 to   | provide credi  | t counseling in the              |
| Northern District of Illinois               | , a        | n individual [ | or group] briefing that complied |
| with the provisions of 11 U.S.C. §§ 109(h)  | and 111    |                |                                  |
| A debt repayment plan was not prepared      | If a c     | lebt repaymen  | at plan was prepared, a copy of  |
| the debt repayment plan is attached to this | certificat | te.            |                                  |
| This counseling session was conducted by    | nternet    |                |                                  |
|   |            |                |                                  |
| Date: March 23, 2009                        | Ву         | /s/Holli Bratt | for Jennifer Murthi              |
|   | Name       | Jennifer Murt  | hi                               |
|   | Title      | Counselor      |                                  |

<sup>\*</sup> Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

Case 09-28051 Doc 1 B1D (Official Form 1, Exhibit D) (12/08)

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Filed 07/31/09 Entered 07/31/09 14:29:00 Desc Main

**United States Bankruptcy Court** Northern District of Illinois

| IN RE:             |           | Case No.  |
|--------------------|-----------|-----------|
| Gandara, Olga Rita |           | Chapter 7 |
| · •                | Debtor(s) |           |

## EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

| 1. Within the 180 days <b>before the filing of my bankruptcy case</b> , I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.   |
|--|
| 2. Within the 180 days <b>before the filing of my bankruptcy case</b> , I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through |

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing

| counseing of tering.  |
|---|
| 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]  |
| Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);       |
| Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.); |
| Active military duty in a military combat zone.   |
| 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.   |

I certify under penalty of perjury that the information provided above is true and correct.

the agency no later than 15 days after your bankruptcy case is filed.

Signature of Debtor: /s/ Olga Rita Gandara

Date: July 31, 2009

Certificate Number: 01401-ILN-CC-006500781

## **CERTIFICATE OF COUNSELING**

| I CERTIFY that on March 23, 2009  | , at          | 9:04               | o'clock AM EDT,               |  |  |  |
|---|---------------|--------------------|-------------------------------|--|--|--|
| Olga R Gandara  | received from |                    |                               |  |  |  |
| GreenPath, Inc.   |               |                    |                               |  |  |  |
| an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the      |               |                    |                               |  |  |  |
| Northern District of Illinois   | , aı          | ı individual [or   | group] briefing that complied |  |  |  |
| with the provisions of 11 U.S.C. §§ 109(h) and 111.                                     |               |                    |                               |  |  |  |
| A debt repayment plan was not prepared If a debt repayment plan was prepared, a copy of |               |                    |                               |  |  |  |
| the debt repayment plan is attached to this certificate.                                |               |                    |                               |  |  |  |
| This counseling session was conducted by internet.                                      |               |                    |                               |  |  |  |
|   |               |                    |                               |  |  |  |
| Date: March 23, 2009  | Ву            | /s/Holli Bratt for | Jennifer Murthi               |  |  |  |
|   | Name          | Jennifer Murthi    |                               |  |  |  |
|   | Title         | Counselor          |                               |  |  |  |

<sup>\*</sup> Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

## Case 09-28051 Doc 1

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Document Page 42 of 47 United States Bankruptcy Court

**Northern District of Illinois** 

| IN RE: |  | Case No  | Case No                |  |
|--------|--|--|------------------------|--|
| Gá     | ındara, Feliciano & Gandara, Olga Rita   | Chapter 7  |                        |  |
|        | Debtor(s   |  |                        |  |
|        | DISCLOSURE OF O  | COMPENSATION OF ATTORNEY FOR DEBTOR  |                        |  |
| 1.     |  | 16(b), I certify that I am the attorney for the above-named debtor(s) and that compensa or agreed to be paid to me, for services rendered or to be rendered on behalf of the debt s: |                        |  |
|        | For legal services, I have agreed to accept  | s_   | 2,000.00               |  |
|        | Prior to the filing of this statement I have received  | s_   | 2,000.00               |  |
|        | Balance Due  | s_   | 0.00                   |  |
| 2.     | The source of the compensation paid to me was:   | ebtor Other (specify):   |                        |  |
| 3.     | The source of compensation to be paid to me is:  | ebtor Other (specify):   |                        |  |
| 4.     | I have not agreed to share the above-disclosed comp  | pensation with any other person unless they are members and associates of my law firm.   |                        |  |
|        | I have agreed to share the above-disclosed compens together with a list of the names of the people sharing         | sation with a person or persons who are not members or associates of my law firm. A cang in the compensation, is attached.   | copy of the agreement, |  |
| 5.     | In return for the above-disclosed fee, I have agreed to rer  | nder legal service for all aspects of the bankruptcy case, including:  |                        |  |
|        | b. Preparation and filing of any petition, schedules, sta  | tors and confirmation hearing, and any adjourned hearings thereof;   |                        |  |
| 6.     | By agreement with the debtor(s), the above disclosed fee Litigation of any contested matters or filin proceedings. | does not include the following services:  ng of or defense of complaints objecting to discharge or defense   | of adversary           |  |
|        |  |  |                        |  |
|        |  | CERTIFICATION  |                        |  |
|        | certify that the foregoing is a complete statement of any agroceeding.   | greement or arrangement for payment to me for representation of the debtor(s) in this ba   | ınkruptey              |  |
|        | July 31, 2009  | /s/ James E. Sturino   |                        |  |
| -      | Date   | James E. Sturino 01681439 Nordin & Sturino, P.C. 1555 NapervilleWheaton Road Suite 207 Naperville, IL 60563  |                        |  |

#### UNITED STATES BANKRUPTCY COURT

# NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

## 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

#### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

#### Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)

- 1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.
- 2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.
- 3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.
- 4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

<u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

- 2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.
- 3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

#### **Chapter 11:** Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

## **Chapter 12:** Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

## 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

#### Certificate of [Non-Attorney] Bankruptcy Petition Preparer

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by  $\S 342(b)$  of the Bankruptcy Code.

| Printed Name and title, if any, of Bankruptcy Petition Preparer Address:  | Social Security number (If the bankruptcy petition preparer is not an individual, state |
|---|---|
|   | the Social Security number of the officer, principal, responsible person, or partner of |
|   | the bankruptcy petition preparer.)  |
| X   | (Required by 11 U.S.C. § 110.)  |
| Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above. | -   |
| Certificate of the Debtor   |   |
| I (We), the debtor(s), affirm that I (we) have received and read this notice.   |   |
|   |   |
|   |   |
|   |   |

Gandara, Feliciano & Gandara, Olga RitaX /s/ Feliciano Gandara7/31/2009Printed Name(s) of Debtor(s)Signature of DebtorDateCase No. (if known)X /s/ Olga Rita Gandara7/31/2009Signature of Joint Debtor (if any)Date

# Case 09-28051 Doc 1 Filed 07/31/09 Entered 07/31/09 14:29:00 Desc Main Document Page 45 of 47 United States Bankruptcy Court Northern District of Illinois

IN RE:

Gandara, Feliciano & Gandara, Olga Rita

Debtor(s)

VERIFICATION OF CREDITOR MATRIX

Number of Creditors \_\_\_\_\_34

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: July 31, 2009

/s/ Feliciano Gandara
Debtor

/s/ Olga Rita Gandara

Joint Debtor

Case 09-28051 Doc 1 Filed 07/31/09 Entered 07/31/09 14:29:00 Desc Main Document Page 46 of 47

Gandara, Feliciano 13742 S. Jane Circle Plainfield, IL 60544 Chase P.O. Box 15153 Wilmington, DE 19886-5153

Harvard Collection Service 4839 N. Elston Chicago, IL 60630

Gandara, Olga Rita 13742 S. Jane Circle Plainfield, IL 60544 ComEd P.O. Box 6111 Carol Stream, IL 60197-6111 Hinsdale Bank & Trust Co. 25 E. First St. Hinsdale, IL 60521

Nordin & Sturino, P.C. 1555 NapervilleWheaton Road Suite 207 Naperville, IL 60563 CVS/Caremark C/O Transworld Systems P.O. Box 1864 Santa Rosa, CA 95402 HSBC P.O. Box 17313 Baltimore, MD 21297-1313

All Kids Family Care P.O. Box 19121 Springfield, IL 62794-9121 Direct TV P.O. Box 78626 Phoenix, AZ 85062-8626 HSBC Card Services P.O. Box 17313 Baltimore, MD 21297-1313

American General 12337 S. State Rt. 59 Plainfield, IL 60585-4605 Edward Cardiovascular Institute P.O. Box 4260, Dept. W Carol Stream, IL 60197-4260 HSBC Card Services P.O. Box 17051 Baltimore, MD 21297-1051

ATG Credit, LLC P.O. Box 14895 Chicago, IL 60614-4895 Edward Hospital C/O Revenue Cycle Solutions, Inc. P.O. Box 7229 Westchester, IL 60154-7229 HSBC Card Services C/O Universal Fidelity P.O. Box 941911 Houston, TX 77094-8911

Bank Direct 150 North Drive, Suite 190 Lake Forest, IL 60045 Edward Hospital C/O Merchants Credit Guide Co. 223 W. Jackson Blvd. Chicago, IL 60606 Keough & Moody 1001 E. Chicago Ave., Suite 103 Naperville, IL 60540

Capital One Bank P.O. Box 6492 Carol Stream, IL 60197-6402 Edward Hospital P.O. Box 4207 Carol Stream, IL 60197 Kohl's Kohl's Payment Center P.O. Box 2983 Milwaukee, WI 53201-2983

Capital One Bank C/O Creditors Interchange P.O. Box 1335 Buffalo, NY 14240-1335 Edward Hospital C/O Revenue Production Management P.O. Box 77000 Detroit, MI 48277-0308 Midwest Heart Specialist 3496 Paysphere Circle Chicago, IL 60674

Care Credit GE Money C/O Allied Interstate 3000 Corporate Exchange Dr. Columbus, OH 43231 First Franklin Loan Services P.O. Box 1838 Pittsburgh, PA 15230

Mira Med Revenue Group P.O. Box 536 Linden, MI 48451-0536 Case 09-28051 Doc 1 Filed 07/31/09 Entered 07/31/09 14:29:00 Desc Main Document Page 47 of 47

Nicor Gas P.O. Box 2020 Aurora, IL 60507-2020

Provena Health 2870 Stoner Court, Suite 300 North Liberty, IA 52317

Provena St. Joseph Medical Center 75 Remittance Dr., Suite 1366 Chicago, IL 60675-1366

Sears Credit Cards P.O. Box 183081 Columbus, OH 43218-3081

Select Portfolio Servicing, Inc. P.O. Box 65250 Salt Lake City, UT 84165-0250

Sprint C/O West Asset Management P.O. Box 790113 St. Louis, MO 63179-0113

Toyota Financial P.O. Box 5855 Carol Stream, IL 60197-5855